

Completion of this form is voluntary. A copy of this questionnaire is available at [www.dhfs.wisconsin.gov/forms/DDESnum.htm](http://www.dhfs.wisconsin.gov/forms/DDESnum.htm).

[illegible]

	5	4	3	2	1	NA	Comment if 1 or 2 is checked.
12. The on-site review was conducted in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. BQA Nurse Consultant / Supervisor interacted respectfully with training program staff and students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### SECTION B. POST-ON-SITE REVIEW STATEMENT OF DEFICIENCY

1. Deficiencies clearly explained the basis for findings of noncompliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Deficiencies identified who, what, when, where and how, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Deficiencies included specific actions, errors or lack of actions to explain findings of noncompliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Deficiencies were documented by accurate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Deficiencies clearly and concisely explained noncompliance with rules / regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Documentation in deficiencies helped training program develop a plan of correction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Changes in policies and / or procedures were made as a result of on-site review findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### SECTION C. ON-SITE REVIEW TASKS EVALUATION

Were the following on-site review tasks carried out in accordance with the On-site Review Guide? Check Yes, No or NA for each task.

ON-SITE REVIEW TASK	Yes	No	NA	COMMENT
A. Entrance conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Sample selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Assessment of applicable regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Environmental quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Clinical record reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ON-SITE REVIEW TASK	Yes	No	NA	COMMENT
H. Staff interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Student interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Exit conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments or information about the on-site review process

Recommend one change that would improve the on-site review experience